

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>XLS</i>		<i>02/18/00</i>
O.I.P.E. CLASSIFIER		<i>12/</i>	<i>3/2</i>
FORMALITY REVIEW		<i>7/435</i>	<i>4/27/00</i>
RESPONSE FORMALITY REVIEW			<i>5/11/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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